

Patient Financial Policy

Thank you for choosing Reincke Vein Center (hereinafter, RVC) as your Healthcare Provider. We are committed to providing excellent service and quality care. In order to reduce confusion and misunderstanding, we have adopted the following financial policy. If you have any questions pertaining to this policy, please discuss them with our Billing Department Manager.

Health insurance is an agreement between you and your insurance company. RVC has contracts with most major and local insurance companies. As a courtesy, we will file your insurance claims directly to your primary and secondary carriers you have supplied us.

Required Documentation: Valid photo ID is required at time of appointment. In order to send claims to your insurance, your legal name on your ID must match what your insurance has on file.

Financial Responsibility: Copays and/or deductibles are due at the time of service. You may receive a statement from our office after your insurance carrier has processed your claim. Payment in full is expected when you receive your statement, contact our billing department to discuss possible payment arrangements. If you have an insurance that RVC does not have a contract with, we will bill that plan, although you may be responsible for a higher co-payment and/or deductible. If your insurance company does not pay the practice within 90 days, we will look to you for payment.

Financial Responsibility: Upon request, RVC billing department will check your insurance benefits and provide you with an estimate of any dollar amount that you may owe due to any deductibles, copays and/or coinsurance you may have on your policy. This is an estimate only. The estimate is calculated for you, our patient, as a courtesy based on your insurance benefits and treatment plan recommended by your provider. Estimate is valid during the contract period with your insurance. If you change insurance carriers, please notify our office so we may provide you with a new estimate. RVC is not responsible for incorrect information provided to us by you or your insurance company. Payment of benefits by your insurance company are subject to all terms, conditions, limitations, and exclusions at the time of service.

Non-Payment: RVC will contact you to attempt to make payment arrangements for balances that remain unpaid after 90 days. If no resolution can be made, the account will be sent to a collection agency. Balance is required to be paid in full prior to scheduling any additional appointments.

Self-Pay Patients: This category includes patients with no insurance, and/or products not covered by insurance. Payment for medical services is required prior to services being rendered. Payment plans are not available through our billing department.

Referrals: Certain health insurances (HMO, POS, etc.) require that you obtain a referral from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral, you are responsible for obtaining it. Failure to obtain the referral may result in a lower or no payment from your insurance company. Any remaining balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

Pre-Authorization/Pre-Determination: Most insurance companies consider treatment of varicose veins a covered benefit as long as medical necessity is established. We will need to perform a diagnostic ultrasound to determine if you have venous disease. If your insurance company requires approval prior to any procedure, our billing department will file the necessary paperwork to obtain prior approval. Prior authorization does not constitute full payment. All services remain subject to any deductibles, copays, or coinsurance you may have on your individual policy.

Copy of Medical Records: If you would like a copy of your medical records, please submit a written request to our billing department. There is a fee of \$20 for a copy of your records, which is due prior to release. Your records will be ready to be mailed to the address we have on file for you or you may pick up (with valid photo ID) within 5 business days of receipt of your written request. If you would like a copy of your medical records to be released to another provider, the fee will be waived.

No Shows & Cancellations: In order to provide the best possible service and availability to all our patients please notify us early as possible if you need to reschedule your appointment. Unless canceled 24 hours in advance, \$50.00 will be charged for office visit appointments, and a \$150 charge for procedure appointments.

I have read and understand the financial policy of Reincke Vein Centers and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice

Patient or Responsible Party Signature

Date

